## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	od octow of directed off	ng the Patent, advance of herwise in Block I, by (	orders and notification a) specifying a new c	of m	aintenance fees vondence address	will be ; and/or	mailed to the current (b) indicating a sepa	correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note; Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
32425		5/2007							
FULBRIGHT & JAWORSKI L.L.P. 600 CONGRESS AVE. SUITE 2400 AUSTIN, TX 78701					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
		Robert E. Hanson				(Depositor's name)			
* #						(Signature)			
				Ele	ctronically subm	itted 2	July 5, 2007	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/660,097 09/11/2003		Alan L. Kriz			D	EKM:158USC1	5213		
APPLN. TYPE	SMALL ENTITY	MPOSITIONS FOR EXP	PUBLICATION FEE D		PREV. PAID ISSU	e wee I	TOTAL PROPERTY	<b>T</b>	
nonprovisional	NO	\$1400	\$300	OE		Bree	TOTAL FEE(S) DUE	DATE DUE	
EXAM	······································	ARTUNIT	CLASS-SUBCLASS		\$0 ]		\$1700	07/06/2007	
COLLINS, CYNTHIA E		1638	800-278000						
1. Change of corresponde	2. For printing on t	he pa	tent front page, lis	it					
CFR 1.363).  Change of corresp	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,								
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print o	r type	:)				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
DEKALB GENETICS CORPORATION DEKALB, ILLINOIS									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗵 Corporation or other private group entity 🖵 Government									
4a. The following fee(s)	are submitted:	41	o. Payment of Fee(s): (l	Please	e first reapply an	y previ	ously paid issue fee si	nown above)	
Issue Fee								,	
Advance Order - #	Payment by credit card. FORMYPIO-2098 (NAME) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1212 (enclose an extra copy of this form).								
	us (from status indicated	,							
	SMALL ENTITY statu		□ b. Applicant is no	longe	r claiming SMAL	L ENT	ITY status. See 37 CFI	R 1.27(g)(2).	
nterest as shown by the r	Publication Fee (if requeecords of the United State	ured) will not be accepted tes Patent and Trademark	d from anyone other the Office.	an the	applicant; a regis	tered at	torney or agent; or the	assignee or other party in	
Authorized Signature	19	1/2			<sub>Date</sub> Jul	y 5, 2	007		
Typed or printed name Robert E. Henson			Registration No. 42,628						
submitting the completed his form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	amplication form to the ons for reducing this buringinia 22313-1450. DO 13-1450.	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR Corresons are required to reserve.	depending upon the ir chief Information Of COMPLETED FORMS	estin ndivid fficer, TO	nated to take 12 m lual case. Any con U.S. Patent and 1 THIS ADDRESS.	nments fradema SEND	to complete, including on the amount of time ork Office, U.S. Depart TO: Commissioner fo	by the USPTO to process) gathering, preparing, and you require to complete trent of Commerce, P.O. r Patents, P.O. Box 1450,	